



**Congressman Mike Gallagher**

**Privacy Act Release**

*Please mail completed form to:*

Congressman Mike Gallagher

333 W. College Ave.,

Appleton, WI 54911

Phone: 920-903-9806 | Fax: 920-301-4500 *(If faxing, please call ahead.)*

I certify, under penalty of perjury, that all information provided in this privacy release is true and accurate to my knowledge. I furthermore authorize any federal agency to release information contained in my records as relevant to my case, and to the extent permitted by law, to Representative Gallagher and his staff.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Contact Information:**

Name: (Please print) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Mobile) \_\_\_\_\_

List any or all identifying numbers that apply to the **beneficiary** of the application:

Full name (if petitioner signed above): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

“A” Number (if applicable): \_\_\_\_\_

Receipt/Case Number: \_\_\_\_\_

Do you currently have a case pending with the involved agency regarding this matter?

Yes ☐ No ☐ Description: \_\_\_\_\_

Have you contacted or are you working with any other Representative regarding this matter?

Yes ☐ No ☐ Who? \_\_\_\_\_

[illegible]